## 2010 ELECTION CYCLE

TO LECTION OF OLE	Delbert Hosemann SECRETARY OF STATE
Judicial Candidate	
REPORT OF RECEIPTS AND DISBURSEN	ECEIVE
2010 Judicial Election	DEGETA
Name of Candidate Haron Ruggell, Jr.	OCT 2 9 2010
Address 97 Joelumpkin Rd, Carrière county Pe	Secretary of Sper
Telephone Work 601-40 3 -2332 Home Fa	x
Contact Name Email Address	
Office Sought Chancery Judge P	lace Z
Check here if above is different from previous report	
May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)	Mandatory
June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)	Mandatory
July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)	Mandaton
October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010)	Mandaton
Cotober 26, 2010 Pre-Election Report (October 1, 2010, through October 23,	2010) Mandaton
November 16, 2010 Pre-Runoff Report (October 24, 2010, through November	13 2010) Punoff Candidates
January 10, 2011 Periodic Report (October 1, 2010, through December 31, 20  Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)	Required to terminate reporting obligations
Pre-Election reports are mandatory, even if no contributions or expenditures have occashall submit a report indicating "0" (Zero) for total amount of reported contributions a	curred. In such case, the candidate
Until a Candidate files a Termination Report, annual and periodic reports must still be Ann. § 23-15-807 (b) (ii) and (iii).	filed in accordance with Miss. Code
The receiving authority must be in actual receipt of the required reports by 5:00 p.m. of falls on a weekend or a holiday, the office must be in actual receipt of the required reports are acceptable.	on the reporting day. If the deadline orts by 5:00 p.m. on the first working
REPORTED CONTRIBUTIONS AND DISBURS	SEMENTS
Itemized + Non-Itemized = This Period	Calendar Year-To-Date
Total amount of contributions \$ \$\delta +\$ \$ \$	s A
otal amount of disbursements \$ 1,242'43 \$ 1,242	145 2 307.19
otal amount of cash on hand	7202
I certify that I have examined this report and to the best of my knowledge and belief	it is true, accurate, and complete
- NOWN WA	10/26/10
Signature of Candidate Date	, copie
uthority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.	

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Pensities: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit veilid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TD: 1. Canditiates for Statewide, State district, mutil-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 126, Jackson, MS 33205 or fax to 601-359-1499 or 801-578-2619.

2. Canditiates for county-wide and county district offices should return forms to their county Circuit Clerk.

Reporting period

Name of Candidate or Committee

TO:91601359	91499	P.2
Page	of	

## ITEMIZED DISBURSEMENTS

through\_

Bourne Brothers Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10,19,10	\$ 390.55
City, State, Zip Gode Hattiesburg, MS		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 841.29
Rainey Radio 98-1	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10,18,10	5 500.00
City, State, Zip Code Hatfieburg, MS	//_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
C. Full name Picarune Item	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10,13,10	\$ 351.90
City, State, Zip Code Picayune, M9 79466		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 351.90
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	_1_1_	s
City, State, Zip Code	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_1_1_	5
City, State, Zip Code	_/_/_	s
Purpose of Diabursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	_/_/_	s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S